

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

**10/019643**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1														
2							51							
3							52							
4							53							
5							54							
6							55							
7							56							
8							57							
9							58							
10							59							
11							60							
12							61							
13							62							
14							63							
15							64							
16							65							
17							66							
18							67							
19							68							
20							69							
21							70							
22							71							
23							72							
24							73							
25							74							
26							75							
27							76							
28							77							
29							78							
30							79							
31							80							
32							81							
33							82							
34							83							
35							84							
36							85							
37							86							
38							87							
39							88							
40							89							
41							90							
42							91							
43							92							
44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
AL							100							
AL							TOTAL IND.							
AL							TOTAL DEP.							
IMS							TOTAL CLAIMS							

BEST AVAILABLE COPY